



# MISSOURI DEPARTMENT OF MENTAL HEALTH

KEITH SCHAFER, DEPARTMENT DIRECTOR



DEPARTMENT  
OPERATING  
REGULATION  
NUMBER

DOR  
8.140

CHAPTER Regulatory Compliance	SUBCHAPTER HIPAA Regulations	EFFECTIVE DATE 7/1/09	NUMBER OF PAGES 3	PAGE NUMBER 1 of 3
SUBJECT HIPAA Complaint Process		AUTHORITY 45 CSR Section 164.502 et seq	History See Below	
PERSON RESPONSIBLE General Counsel			Sunset Date 7/01/12	

**PURPOSE:** It is the policy of the Department of Mental Health to provide consumers with the means to file a complaint if they believe that their protected health information has been improperly used or disclosed. See 45 CFR Section 164.530(d)(1).

**APPLICATION:** The Department of Mental Health, its facilities and workforce.

(1) **DEFINITIONS:** As used in this operating regulation, the following terms shall mean:

(A) **Complaint:** Allegation that a consumer's protected health information has been improperly used or disclosed. A consumer may file a complaint, or a legal guardian or personal representative or a parent, if a minor, may file the complaint. The original complaint form is to be placed in the consumer's medical record. If the consumer has a guardian, a copy of the complaint shall be sent to the guardian, and the consumer should be notified that such action has occurred.

(B) **Consumer:** Any person who has received services or who is receiving services from a Department of Mental Health state-operated facility.

(C) **Protected Health Information (PHI):** Individually identifiable health Information that is transmitted or maintained in any form or medium, by a covered entity, health plan or clearinghouse as defined under the Health Insurance Portability and Accountability Act (HIPAA), 45 CFR Part 160 and 164.

(D) **Individually Identifiable Health Information:** Any information, including demographic information, collected from an individual that –

1. is created or received by a healthcare provider, health plan, employer, or healthcare clearinghouse; and

2. related to the past, present, or future physical or mental health or condition of an individual; the provision of healthcare to an individual; or the past, present, or future payment for the provision of healthcare to an individual, and

a. identifies the individual, or

b. there is reasonable basis to believe that the information can be used to identify the individual.

(2) **PROCEDURE:** The Department strongly encourages, and wishes to promote that consumers and service providers discuss and attempt to resolve issues in the most direct and informal manner and at the local level. The following steps constitute the HIPAA complaint process.

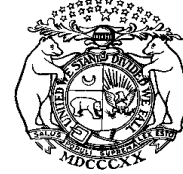
(A) Utilize standardized DMH HIPAA Privacy Complaint form.

(B) Forward a copy of the complaint form to the facility Privacy Officer or designee if the alleged violation took place at the facility, or to the Central Office Privacy Officer or designee, if the alleged violation took place at the Central Office level.



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(C) The HIPAA Privacy Complaint shall describe the acts or omissions the consumer believes to have occurred.

(D) The HIPAA Privacy Complaint shall include the following information:

1. the date on which the alleged act or omission occurred;
2. a description of the PHI affected and how it was affected; and
3. the name(s) of anyone who may have improperly been provided with the

PHI.

(E) All Privacy Complaints received by the Privacy Officer or designee shall be date-stamped upon arrival.

1. The Privacy Officer or designee shall review and act on the complaint in a timely manner and not more than 30 days from receipt of the complaint. If greater time is necessary to review and investigate the complaint, the Privacy Officer or designee shall, within 30 days, notify the consumer of the delay, and inform the grievant of the expected timeframe for completion of the review.

2. The Privacy Officer or designee shall determine what PHI is affected by the complaint and if the PHI was provided to other covered entities and business associates.

3. If the affected PHI was created and maintained by a business associate, the complaint shall be forwarded to the business associate as outlined in the Business Associate Agreement. Complaints forwarded to business associates shall be logged and a notice of the action sent to the consumer making the complaint.

(F) The Privacy Officer or designee shall determine if there is cause to believe that a violation of privacy department operating regulations occurred, and the course of action to be taken.

1. If no violation has occurred the complaint and finding shall be date-stamped, the complaint will be considered closed and a written notice of this shall be provided to the consumer.

2. If cause exists to believe that a violation has occurred, the Privacy Officer or designee shall be responsible for determining if:

- a. Performance or training need to be improved;
- b. A recommendation for a change to the department operating regulation should be forwarded to the Central Office Privacy Officer (if a facility complaint); or
- c. A recommendation shall be made to the Central Office Privacy Officer to establish a new Privacy department operating regulation (if a facility complaint).

3. The Privacy Officer or designee shall notify the appropriate administrators, staff or committees of the action needed.

4. If employee discipline must be taken, it shall follow the department operating regulation on sanctions, and shall be initiated by the appropriate appointing authority.

(G) If the complaint resolution finds that no cause exists to believe a violation occurred, then the consumer may seek resolution to the Central Office Privacy Office (if it is a facility based complaint).



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1. The consumer, through completion of the Complaint Form, shall request that the facility Privacy Officer or designee forward the complaint to the Central Office Privacy Office.

2. The Central Office Privacy Office shall review and act on the complaint in a timely manner and not more than 30 days from receipt of the complaint form.

(H) The Central Office Privacy Office shall determine one of the following.

1. That the original determination of the facility Privacy Officer is accurate.  
2. That remediation should occur at the facility level through increased training, or that a recommendation is made to the facility appointing authority for possible disciplinary action.

3. That a recommendation for department operating regulation review be initiated at the Central Office level.

4. That a recommendation be made for the establishment of a new department operating regulation.

(I) The complaint form shall be placed in the consumer's medical record.

(2) RETENTION: The facility Privacy Officer or designee, or the Central Office Privacy Officer or designee's primary responsibilities in the HIPAA Complaint process include logging and retaining complaints in a retrievable manner for a minimum of six years, and identifying:

- (A) Person or entity making the complaint;
- (B) Date complaint was received;
- (C) A list of what PHI was affected;
- (D) Status of complaint;
- (E) A list of business associates or facilities affected; and
- (F) Actions taken.

(3) There shall be no retaliation against any consumer, or against a workforce member for assisting a consumer to file a HIPAA Privacy Complaint.

(4) NO LOCAL POLICIES: There shall be no local policies on this topic. The Department Operating Regulation shall control.

(5) SANCTIONS: Failure to comply or assure compliance with this DOR shall result in disciplinary action, up to and including dismissal.

(6) REVIEW PROCESS. The Central Office Privacy Officer shall collect information from the facility Privacy Officers during the month of April each year to monitor compliance with this DOR.

*History: Emergency DOR effective January 15, 2003. Final DOR effective June 1, 2003. Amendment effective July 1, 2006. On July 1, 2009, the sunset date was extended to July 1, 2012.*



**STATE OF MISSOURI  
DEPARTMENT OF MENTAL HEALTH  
PRIVACY COMPLAINT FORM**

Consumer Name:

Statewide ID/Local ID Number

Consumer Address

Today's Date:

Date acts or omissions are believed to have occurred:

Description of the acts or omission believed to be in violation of privacy.

Please describe the Protected Health Information affected.

Do you know of anyone who may have received the PHI?      YES\_\_\_\_\_      NO\_\_\_\_\_

If so, please specify the name and address of the organization or individual:

Signature of Consumer or Legal Representative

Date

**Missouri Department of Mental Health Use Only**

☐ No Violation Occurred

☐ Possible Violation, and Remedial  
Action Needed

☐ Changes need to be made to existing  
DORs

☐ New DORs need to be created

**POSSIBLE APPEAL, IF FACILITY BASED COMPLAINT**

\_\_\_\_Yes      \_\_\_\_No      (check one) I disagree with the resolution, and I request that this complaint be forwarded to the Central Office Privacy Office for review.

\_\_\_\_\_

\_\_\_\_\_  
Signature of Consumer or Legal Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date Received in Central Office